

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 6		2 Total pages this report: 1/11	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Enrique NICKNAME LAST SUFFIX Barrera				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista <input type="checkbox"/> Change of Address San Antonio TX 78237				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. Leticia NICKNAME LAST SUFFIX Barrera				
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista San Antonio TX 78237				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 432-2431				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/0004 06/30/0004				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Other -- City Council 6		12 OFFICE SOUGHT (if known)		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	• • Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				
<input type="checkbox"/> additional pages					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mr. Enrique Barrera

15 ACCOUNT # (Ethics Commission filers)
6

**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ **GENERAL**

☐ **SPECIFIC**

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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**17 NO REPORTABLE
ACTIVITY**

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2400.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1863.68

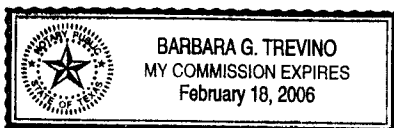
**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Enrique M. Barrera, this the 15th day of July, 20 04, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Barbara G. Trevino
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
3/11

2 FILER NAME
Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)
6

4 Date 01/01/0004

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Phillip Bagnall

6 Contributor address; City; State; Zip Code
216 Lamont
San Antonio TX 78209

7 Amount of contribution (\$)
50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date 05/26/0004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Mike Barnard

Contributor address; City; State; Zip Code
11807 Sunburst Lane
201
San Antonio TX 78230

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)
Taxicab Transportation

Employer (Optional)
Yellow Checker Cab

Date 01/01/0004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Rudolph Diluzio

Contributor address; City; State; Zip Code
12526 Elm Country Lane
San Antonio TX 78230

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 01/01/0004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. & Mrs. Sammy & Laurie Leach

Contributor address; City; State; Zip Code
1130 Santa Clara Loop
Marion TX 78124

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 02/05/0004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Linebarger Goggan Blair & Sampson LLP

Contributor address; City; State; Zip Code
PO Box 17428
Austin TX 78760

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/11	
2 FILER NAME Mr. Enrique Barrera		3 ACCOUNT # (Ethics Commission filers) 6	
4 Date 01/01/0004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Loeffler Jonas & Tuggey LLP 6 Contributor address; City; State; Zip Code 755 E. Mulberry Suite 200 San Antonio TX 78212	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/01/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Daniel Markson Contributor address; City; State; Zip Code 2421 Lake Pancoast Dr Apt 4-C Miami Beach FL 33140-4615	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/01/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Sofia Martinez Contributor address; City; State; Zip Code 614 W. Lullwood San Antonio TX 78212	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/01/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Royce & Michel Renfro Contributor address; City; State; Zip Code 13307 Southwalk San Antonio TX 78232	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/01/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Jeffry Salier Contributor address; City; State; Zip Code 2223 Encino Loop San Antonio TX 78259	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
5/11

2 FILER NAME
Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)
6

4 Date
01/01/0004

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. William Salomon

6 Contributor address; City; State; Zip Code
2 Inwood Circle
San Antonio TX 78248

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
01/01/0004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Dr. Lucille & George Santos

Contributor address; City; State; Zip Code
2807 Hopeton Drive
San Antonio TX 78230

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
01/01/0004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. & Mrs. Brian & Tina Weiner

Contributor address; City; State; Zip Code
PO Box 7608
San Antonio TX 78207

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/11**2** FILER NAME

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)

6

4 Date

03/17/0004

5 Payee name

Acadiana Cafe

7 Amount

(\$)

57.69

6 Payee address; City; State; Zip Code

1289 SW Loop 410

San Antonio TX 78227

8 Purpose of expenditure (See instructions regarding type of information required.)

Food

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/13/0004

Payee name

Mr. Michael DeNuccio

Amount

(\$)

288.28

Payee address; City; State; Zip Code

255 East Kings Highway

#5

San Antonio TX 78212

Purpose of expenditure (See instructions regarding type of information required.)

Postage & Copying

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/14/0004

Payee name

Mr. Michael DeNuccio

Amount

(\$)

22.66

Payee address; City; State; Zip Code

255 East Kings Highway

#5

San Antonio TX 78212

Purpose of expenditure (See instructions regarding type of information required.)

Supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

02/16/0004

Payee name

HEB Grocery Company

Amount

(\$)

44.28

Payee address; City; State; Zip Code

P.O. Box 839999

San Antonio TX 78283-3999

Purpose of expenditure (See instructions regarding type of information required.)

Food & Drinks

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/11**2** FILER NAME

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)

6

4 Date

03/01/0004

5 Payee name

HEB Grocery Company

7 Amount

(\$)

36.26

6 Payee address; City; State; Zip Code

P.O. Box 839999

San Antonio TX 78283-3999

8 Purpose of expenditure (See instructions regarding type of information required.)

Drinks & Food

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/01/0004

Payee name

HEB Grocery Company

Amount

(\$)

181.07

Payee address; City; State; Zip Code

P.O. Box 839999

San Antonio TX 78283-3999

Purpose of expenditure (See instructions regarding type of information required.)

Food & Drinks

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/15/0004

Payee name

Holy Family Special Events

Amount

(\$)

100.00

Payee address; City; State; Zip Code

152 Florencia Avenue

San Antonio TX 78228

Purpose of expenditure (See instructions regarding type of information required.)

Father's Day Event

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

02/06/0004

Payee name

Knights of Columbus

Amount

(\$)

100.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Event Support

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
8/11**2 FILER NAME**

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)
6**4 Date**

05/10/0004

5 Payee name

Lock-N Key Mini-Storage

6 Payee address; City; State; Zip Code

7550 Culebra Rd

San Antonio TX 78251

7Amount
(\$)
49.00**8 Purpose of expenditure** (See instructions regarding type of information required.)

Storage

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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06/15/0004

Payee name

Lock-N Key Mini-Storage

Payee address; City; State; Zip Code

7550 Culebra Rd

San Antonio TX 78251

Amount

(\$)

50.00

Purpose of expenditure (See instructions regarding type of information required.)

Storage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/15/0004

Payee name

Lock-N Key Mini-Storage

Payee address; City; State; Zip Code

7550 Culebra Rd

San Antonio TX 78251

Amount

(\$)

500.00

Purpose of expenditure (See instructions regarding type of information required.)

Storage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/17/0004

Payee name

Northwest Democrats

Payee address; City; State; Zip Code

P.O. Box 681911

San Antonio TX 78268

Amount

(\$)

10.00

Purpose of expenditure (See instructions regarding type of information required.)

Breakfast Meeting

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/11**2 FILER NAME**

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)
6**4 Date**

05/15/0004

5 Payee name

Northwest Democrats

7

Amount

(\$)
10.00**6 Payee address; City; State; Zip Code**

P.O. Box 681911

San Antonio TX 78268

8 Purpose of expenditure (See instructions regarding type of information required.)

Breakfast Meeting

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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02/28/0004

Payee name

Party Creations & Flowers

Amount

(\$)
86.30**Payee address; City; State; Zip Code**

233 Hermine

San Antonio TX 78212

Purpose of expenditure (See instructions regarding type of information required.)

Flowers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

02/28/0004

Payee name

Party Creations & Flowers

Amount

(\$)
43.15**Payee address; City; State; Zip Code**

233 Hermine

San Antonio TX 78212

Purpose of expenditure (See instructions regarding type of information required.)

Flowers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/21/0004

Payee name

Prime Time Newspapers Inc.

Amount

(\$)
155.00**Payee address; City; State; Zip Code**

2203 S. Hackberry

San Antonio TX 78210

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/11**2** FILER NAME

Mr. Enrique Barrera

3 ACCOUNT # (Ethics Commission filers)

6

4 Date

03/30/0004

5 Payee name

Mr. Victor Sanchez

7

Amount

(\$)

30.00

6 Payee address; City; State; Zip Code

6710 Spring Meadow

San Antonio TX 78241

8 Purpose of expenditure (See instructions regarding type of information required.)

Photos

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

02/13/0004

Payee name

St. Jude Catholic Church

Amount

(\$)

100.00

Payee address; City; State; Zip Code

110 S. San Augustine

San Antonio TX 78237

Purpose of expenditure (See instructions regarding type of information required.)

Event Support

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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TEXT ANNOTATION

Information entered by filer as a memo

Schedule COH total political contributions maintained = \$7142.36

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